

## **An attributive component of the condition of people with the diagnosis of “ischemic heart disease. Effort angina”**

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### **Abstract**

© 2018 by the authors; licensee Modestum Ltd., UK. Objective: The article is devoted to the study of attributive components of people diagnosed with Ischemic heart disease. Effort angina. The results of empirical studies of the attributive process are discussed in the article. Now more and more researchers, both domestic and foreign, are beginning to consider attribution as one of the principles of human existence. Attributive processes initially began to be developed in line with the cognitive orientation of social psychology. Currently, they are actively considered in the framework of the psychology of social cognition. Method: We conducted a study on 24 subjects with an average cholesterol level of 7.426 mmol / l (concomitant diseases-hypertension, diabetes, obesity, metabolic syndrome), who underwent treatment in the Central City Clinical Hospital in the rehabilitation department with the diagnosis of Ischemic Heart Disease. Effort Angina. Initially, we conducted the survey of subjects in order to identify their subjective judgment about the cause of the disease. They were asked a question: “In your opinion, what is the cause of your heart disease?” Results: The results of the survey conducted testify that only a small percentage of the subjects believe that they could exert any influence on their health and, for example, to reduce environmental or biological factors. One would assume that such results may be a specific demonstration of the fact that an individual gains experience that it is precisely human health that is difficult to correct and change and simply does not solve it due to the complexity of the problem. However, data obtained in the course of other experiments and studies [19] show that a person is inclined to explain what is happening by circumstances or situational causes, rather than personal ones. The results obtained with the help of T. Dembo’s cognitive self-assessment technique indicate that women believe that they actually have much less physical exertion and their daily routine is more correct than people who are close to them, in their opinion, think about it. We can assume that introjects are more often peculiar to women than men that are related to housekeeping, which sometimes requires considerable physical activity and time. When a woman has to, at the insistence of a doctor, reduce her physical activity and somehow comply with the daily regimen, she feels discomfort because of which she believes that she “does nothing at all”, although her relatives continue to persuade her to have a rest. Here it is appropriate, in our opinion, to raise the problem of accepting oneself and, as a sequence, to take adequate care of oneself. Significant differences in the self-attributive and reflexive components were also discovered in the emotional sphere of the female subjects. In their opinion, they experience low intensity of negative emotions, such as fear and anger, but at the same time they believe that their close relatives radically disagree. This situation can be explained either by the fact that they assume that they have negative emotions more strongly than they would like (and what they admit to this in the study), or they are judged by the words of relatives who can also make their judgments by interpreting the facts with varying degrees of adequacy. Conclusion: In conclusion, it should be noted that during the analysis we encountered at least two facts that require further empirical research. Firstly,

we identified three types of explanations (attributions) in the subjects' answers: adverbial, subjective and personal, and the latter type of causal attribution is not expressed clearly in the subjects of the study. This poses new questions: does a particular type of situation contribute to this perception, or are there any other factors (including personal ones) playing the role here. Secondly, the following questions arise: how exactly does a subject choose only one alternative from a variety of explanatory reasons. All these questions will be understood as a part of our further research.

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## Keywords

Causal attribution, Cognition, Effort angina, Ischemic heart disease, Myocardial infarction with ST segment elevation, Self-attribution

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